

Missouri NEWSLINE

Office of the Missouri Secretary of State
Wolfner Library for the Blind and Physically Handicapped
National **NEWSLINE** for The Blind Network and
National Federation of the Blind
Application and Registration Form

Name:

Address:

City: State: Zip code:

Home Phone: Work:

- ☐ I am currently registered with the Wolfner Library for the Blind and Physically Handicapped and would like to register for **NEWSLINE** services.
- ☐ I am not currently registered with the Wolfner Library for the Blind and Physically Handicapped, but would like to register for:
 - ☐ Talking Book Service
 - ☐ **NEWSLINE** Service

I am eligible for these services based on:

- ☐ Registered with the following state or private vocational rehabilitation agency:

- ☐ Enrolled in the following special education programs or state schools because of visual or physical impairment: _____
- ☐ Attached letter from doctor or health professional certifying that I am blind, visually impaired or physically unable to read a print book or newspaper.
- ☐ Attached Social Security award letter.
- ☐ President or officer of a local chapter or state affiliate of the National Federation of the Blind.

I certify that I am visually or physically impaired and unable to read a printed book or newspaper.

Signature_____ Date_____

Mail to:
Wolfner Library for the Blind & Physically Handicapped
PO Box 387
Jefferson City, MO 65102
For further information call 1-800-392-2614 or 573-751-8720

Office use only: Certified by Wolfner Library Date: Initials:

ID#_____SEC#_____Date Number Given_____